

## Who else uses DAWN *LIVE!*

Federal agencies, such as SAMHSA and FDA, use the de-identified DAWN data to track:

- Emerging drug problems
- Abuse and misuse of prescription/OTC drugs
- Adverse reactions to new medications
- Health consequences of drug abuse

## About the *New* DAWN

The Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related emergency department (ED) visits for selected metropolitan areas and the Nation as a whole. DAWN also monitors drug-related deaths reported by medical examiners (MEs) for selected metropolitan areas and several States.

Beginning in 2003, *New* DAWN cases include all drug-related ED visits involving abuse or misuse, adverse reaction, overmedication, accidental ingestion, malicious poisoning, suicide, and underage drinking. *New* DAWN includes all types of drugs: prescription and over-the-counter medications, illegal drugs, dietary supplements, and non-pharmaceutical inhalants.

DAWN is the responsibility of the Substance Abuse and Mental Health Services Administration (SAMHSA), of the U.S. Department of Health and Human Services. SAMHSA is required to collect data for DAWN under Section 505 of the Public Health Service Act (42 U.S.C.290aa-4). SAMHSA has contracted with Westat, a private research firm based in Rockville, MD, to operate the DAWN system.

# DAWN *LIVE!*

## Data on Demand from the *New* DAWN

### Real-Time Access to Your Hospital's DAWN Data:

- Adverse Reactions
- Overmedication
- Malicious Poisonings
- Accidental Ingestions
- Suicide Attempts
- Seeking Detoxification
- Underage Drinking
- Illicit Drug Use

**DAWN *LIVE!*** is a secure, Internet-based system that provides you or your staff with immediate access to the DAWN data submitted for your hospital. You can use DAWN *LIVE!* to learn more about the drug-related cases treated in your ED. With just a few clicks of a mouse, you can use DAWN *LIVE!* to answer these kinds of questions:

### What types of drug-related cases are treated in my ED?

New DAWN includes all ED visits related to drug use, including overmedication, adverse reactions, accidental ingestion, underage drinking, illegal drug use, suicide attempts, seeking detoxification, and malicious poisoning. This example from DAWN *LIVE!* shows the number of drug-related cases by case type, for each month January to September 2003.

#### All Cases by Month (January to September 2003)

TYPE OF CASE	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Suicide attempt	76	80	93	82	75	64	96	76	78	720
Seeking detox	73	57	62	69	70	60	73	71	70	76
Alcohol only (age <21)	15	16	14	16	12	11	11	22	13	130
Adverse reaction	71	57	58	66	80	72	76	64	61	605
Overmedication	24	17	20	17	25	22	16	16	23	180
Malicious poisoning	1	0	0	0	0	0	1	1	1	4
Accidental ingestion	20	8	9	10	10	13	12	13	9	104
Other*	197	170	164	185	183	187	206	186	170	1648
Total	477	405	420	445	455	429	491	449	425	3996

\*Includes drug abuse and all other cases not identified in prior categories.

**NOTE:** DAWN *LIVE!* is updated continuously, so numbers may change to reflect additions or corrections. You always have access to your hospital's most current data.

### Who are the patients affected?

DAWN includes patient demographics, but no direct identifiers. This example from DAWN *LIVE!* shows that suicide attempts with benzodiazepines are much more likely to involve females than males. Such information is also available by age and race/ethnicity.

#### Suicide Attempts and Benzodiazepines by Gender (2003)

GENDER	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Male	9	9	5	8	8	6	7	8	8	68
Female	11	14	14	9	10	11	11	13	12	105

**To protect confidentiality, only authorized hospital staff have access to DAWN *LIVE!***

### What drugs are involved in these cases?

DAWN includes all types of drugs (more than 12,000 in all), including prescription and over-the-counter (OTC) medications, illegal drugs, dietary supplements, and non-pharmaceutical inhalants. The table below illustrates the detail available in DAWN *LIVE!* Drugs identified by brand (trade) name are mapped to generic names, which are classified into therapeutic classes, automatically.

#### Anti-infectives and Adverse Reactions (2003)

DRUG	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
<b>Anti-infectives</b>										
Ciprofloxacin	2	1	2	1	3	1	1	1	0	12
Cipro	2	1	2	1	3	1	1	1	0	12
Sulfamethoxazole-trimethoprim	11	3	11	10	10	5	2	2	3	57
Bactrim	8	1	7	6	9	4	2	1	1	39
Bactrim DS	0	1	0	1	1	1	0	1	2	7
Septra	1	1	0	2	0	0	0	0	0	4
Septra DS	1	0	3	0	0	0	0	0	0	4
<b>Analgesics: Cox-2 inhibitors</b>										
celecoxib	3	3	1	1	0	0	0	1	0	9
Celebrex	3	3	1	1	0	0	0	1	0	9
rofecoxib	3	2	1	2	1	0	0	2	1	12
Vioxx	3	2	1	2	1	0	0	2	1	12

**NOTE:** This is an excerpt from a larger table; in DAWN *LIVE!* entries sum to the totals.

### What complaints are associated with particular drugs?

New DAWN collects the reasons patients seek care in the ED, as well as their final diagnoses. The more staff know about how cases present, the more quickly they can initiate appropriate care. For example, this table from DAWN *LIVE!* shows that patients using OxyContin present with a variety of complaints.

#### OxyContin and Presenting Complaints (2003)

CHIEF COMPLAINT	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
Overdose	4	3	0	2	2	2	1	3	1	18
Intoxication	0	0	1	0	0	1	0	0	0	2
Altered mental status	0	1	0	0	1	1	2	0	0	5
Psychiatric condition	3	1	1	1	1	3	0	2	0	12
Withdrawal	1	1	3	1	2	3	1	3	0	15
Seeking detox	4	1	3	5	3	5	2	6	2	31
Chest pain	0	0	0	1	0	0	0	1	1	3
Respiratory problems	1	0	0	1	0	0	0	0	1	3
Digestive problems	1	1	0	0	0	2	0	1	0	5
Other	1	0	0	1	1	0	0	0	3	6
Total complaints	15	8	8	12	10	17	6	16	8	100
Total mentions	10	6	6	9	8	11	6	11	6	73